***Young Person Referral Form 24/25***

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| --- |
| Programme Referred to |
|  ***EMPOWER*** |  |

**Referring Agency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring School** |  | **Date of Referral** |  |
| **Name of person referring** |  |
| **Position of referrer***(i.e Pastoral Manager)* |  |
| **School Address** |  |
| **Telephone** |  |
| **E-mail** |  |

**Young Person’s Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **Address** |  | **Age** |  |
| **Ethnicity** |  |
| **Home Telephone** |  | **Gender** |  |

**Medical Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Conditions***(i.e asthma, epilepsy, depression)*  |  | **Is the young person currently taking any medication?** | **YES / NO** |
| **Please list any medication here** |  |
| **Dietary Issues and / or Requirements***(please list any gastrointestinal issues already reported by young person)* |  |
| **Known Allergies** *(please include any food allergens here i.e sesame, eggs, milk )* |  |
| **Accessibility Needs or Issues** |  |

**Parent / Carer / Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / Guardian / Carer Name** |  | **Relationship to Young Person** *(i.e foster Mum, adoptive parent, biological Dad.* |  |
| **Home Tel No** |  | **E-mail** |  |
| **Mobile No** |  | **Is the Parent / Carer aware of the referral?**  | **YES / NO** |

**Behaviour** *(please complete if applicable or attach exclusion report)*

|  |  |  |
| --- | --- | --- |
| **Dates of Suspension** | **Length of Suspension****(days)** | **Reason for Suspension** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attendance Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Attendance (%)** | **Authorised Absence (%)** | **Unauthorised Absence****(%)** | **Is Young Person on a modified timetable?**  | **YES / NO** |
|  |  |  | *Please detail timetable below* |

**SEND Profile**

|  |  |
| --- | --- |
| Is the referred person listed on your **SEND** register? | **YES / NO** |
| Does the referred person have a specific diagnosis or currently being assessed for one? (*i.e ADHD, Dyslexia, ASD, other learning disability*) | **YES / NO** |
| *Please detail below* |
| Does the referred person have an **EHCP**? | **YES / NO** |
| Is the young person accessing any other support or been referred for more support? ***BeeU****,* ***Social Worker****,* ***Ed Psych****,* ***Family Support Worker****?* ***If a referral has been made to another service please provide as much detail as possible of when the referral was made and what stage the process is at****?* | **YES / NO** |
| *If yes, please detail below:* |
| Does the referred person have a **RISK ASSESSMENT** in place?*If* ***YES****, please attach:* | **YES / NO** |
| If NO, are there ANY other risks or behaviours that we still need to be made aware of? | **YES / NO** |
| *If yes, please detail below:* |

**Social Profile**

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| --- |
| **Please list any areas of interest, hobbies or pursuits relevant to the young persons life.***i.e gaming, reading, football, poetry, cooking,*  |
|  |

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| --- |
| **Please tell us about the young persons characteristics of strength and weaknesses** |
|  |

**Academic Profile**

|  |  |
| --- | --- |
| Attainment in Maths: |  |
| Attainment in English: |  |

**Reason for Referral**

|  |
| --- |
| **Please provide any other information on reasons for referring the young person into our service.** |
|  |
| If applicable, what outcomes would the School / Agency hope to achieve from the placement? |
| Increased attendance at school *(if applicable)* |  | Increased confidence and self esteem |  | Improvement in mental health and wellbeing |  |
| Return to full time timetable *(if applicable)* |  | Increase in social skills |  | Reduction in aggressive behaviour |  |
| Reduce risk of exclusion*(if applicable)* |  | Increase in practical skills |  | Increase in self control |  |
| Increased attainment*(if applicable)* |  | Improved relationships with staff / teachers |  | Increase in resilience |  |
| **Please give details of any other outcomes not mentioned.** |
|  |

 **Declaration**

|  |  |  |
| --- | --- | --- |
| **Signed by Parent/Carer** | **Print Name** | **Date** |
|  |  |  |
| **Signed by School / Agency** | **Print Name** | **Date** |
|  |  |  |

**Additional Risks**

Due to the nature of individuals who access our community projects at Crossfit Shropshire, we need to ensure that sufficient information is collected and shared regarding risk. Please complete the assessment below for the referred young person and record what is currently in place to manage the risk factors, if at all.

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| --- | --- | --- | --- | --- |
| **Concern***please circle* | **Area of Concern** | **Details** | **Level of Risk** | **Is the area of concern historical or current?** |
| **Yes / No** | Mental health issues / mental health diagnosis *(i.e depression, anxiety, PTSD)* |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Self-harm |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Risk of harm to others *(i.e violent / aggressive / abusive behaviours*) |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Risk of harm from others *(i.e domestic abuse, coercive and controlling behaviour)* |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Suicidal thoughts and ideation / suicide attempts |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Sexual offences / convictions  |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Exploitation *(i.e sexual / criminal)* |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Radicalisation  |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Social care and health involvement *i.e physiotherapist,*  |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Child protection issues  |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Alcohol / drug misuse *(either with self or within family)* |  | **LOW / MED / HIGH** |  |
| **Yes / No** | History of carrying weapons*(i.e knives in school)* |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Links to terrorism / at risk of being radicalised |  | **LOW / MED / HIGH** |  |
| **Yes / No** | History of animal cruelty |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Eating disorder / gastrointestinal issues |  | **LOW / MED / HIGH** |  |
| **Yes / No** | Homelessness / risk of moving into care |  | **LOW / MED / HIGH** |  |
| **Additional Information** |
|  |